2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

V56784 **DOCUMENT #**

Principal Place of Business

FINISHING TOUCH BUILDERS SUPPLY, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90371 029 ***150.00

2724 SHAWNEE AVE WEST PALM BEACH FL 33409 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		2724 SHAWNEE AVE WEST PALM BEACH FL 33409 US 3. Mailing Address Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES			
					4. F	4. FEI Number 65-0351059 Applied For Not Applicable			
Zip	Country	Zip	Co	untry	_5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curren	Registered Agent		7. N	7. Name and Address of New Registered Agent				
				Name					
WEINBERG, S			Street Addre		ess (P.O. B	ox Number is Not Acceptable)			
7805 S.W. 6Th									
PLANTATION !	FL 33324								
				City		FL	Zip Cod	le	
						ent, or both, in the State of Florida. I am			
After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of					Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be d to Fees	
10,	OFFICERS AND	DIRECTORS	1	1.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE D		□ De	lete T	ITLE			☐ Change	Addition	
	LING, CATHY			AME					
	31 FORTUNE WAY A-17 ST PALM BEACH FL			TREET ADDRESS					
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CITY-ST-ZIP WE	ST PALM BEACH FL		C	ITY-ST-ZiP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

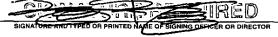
NAME

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☐ Delete

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Daytime Phone #

☐ Change

Change

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